



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

PUBLIC HEALTH REPORTS.

SUMMARY OF SANITARY REPORTS.

Status and progress of epidemics.

The present number of the Public Health Reports being the first issue of the second half of the calendar year, new tables of epidemic diseases are begun, the old tables having been closed in accordance with the custom of terminating them semiannually. The following is a summary of the status of epidemic disease at the end of the finished semiannual period, together with a mention of important reports received since the tables were terminated.

Asiatic cholera.—Cholera is confined to southern Asia, with an advance line extending into the southeastern provinces of Russia.

Yellow fever.—The presence of yellow fever in North America at the end of the six months was confined to a few cases at Tierra Blanca and at Coatzacoalcas, imported, it is said, from Tierra Blanca, in the State of Veracruz, Mexico; a mild outbreak at Belize, British Honduras, and Puerto Cortez, Honduras; 5 cases, 4 deaths in June at Livingston, Guatemala, and an increasing prevalence in Panama. No cases of yellow fever outside of maritime quarantine have been reported in Cuba during the six months. In South America the disease is present at Rio de Janeiro. There are no recent reports from other Brazilian cities. On the Pacific coast the presence of the disease is confined to Guayaquil, Ecuador.

The following yellow-fever reports were received since the new tables were begun:

In the canal zone, from June 16 to 22, 21 new cases were officially reported, distributed according to locality in which infection was contracted as follows: Panama, 10; La Boca, 2; Corozal, 2; Empire, 1; Colon, 6. There were 3 deaths from yellow fever, 1 at Panama and 2 at Colon.

Bubonic plague.—The chief prevalence is in Asia. In India the morbidity and mortality for plague are constantly assuming increased proportions. The disease has so far baffled every effort to stamp it out. The failure to control the prevalence is not only causing great alarm among all classes in India, but is beginning to attract much attention in England and other countries in active relations with India.

In response to a recent parliamentary interrogation, the British secretary of state for India said that the government was endeavoring by every possible means, including sanitation of cities and rural places, destruction of rats and mice, appropriate inoculations and the organization of unofficial as well as official help, to gain control of the epidemic of plague, which in 1901 caused 273,679 deaths, the number rising to 577,427 in 1902, reaching 851,263 in 1903, and 1,022,299 in 1904, and still prevailing with unremitted violence.

At Aden, in Arabia, where there were nearly 2,000 cases in six months, the disease appears to be dying out. In Japan there have recently been cases at Osaka and Tokyo, and there is an extensive epidemic in the Japanese insular possession Formosa. From Bangkok, Siam, cases have been reported recently. In China, plague was present at Amoy in May, and a month earlier was reported from Fuchow and Hongkong. The last cases at Singapore were reported in April. A plague epidemic is running concurrently with cholera in southeastern Russia. Aside from the cases recently reported at Leith, Scotland, there are no other recent European plague notifications.

In Africa plague appears to be confined to certain places in Egypt (May 20 to June 3, 17 cases, 12 deaths) and the British South African possessions, Cape Colony, and Durban. There are no recent cases reported from either British or Portuguese East Africa. The latest reports received during the expired half year showed the continued presence of the disease in parts of New South Wales and Queensland, Australia, in East Sumatra, and in the Island of Mauritius.

In South America the last reports of the half year from Brazil do not show its presence elsewhere than at Rio de Janeiro. Certain cities of Chile and Peru, notably Pisagua, Mollendo, and neighboring towns, were suffering extensively, according to recent notifications. In the Philippine Islands there were 7 cases, with 3 deaths, from January 15 to May 6, at Cebu, and 27 cases, with 23 deaths, from December 4 to May 13 at Manila.

During the week ending May 20 a fatal case of plague occurred at Cavité. Cavité, situated on the San Roque Peninsula, Manila Bay, is only 8 miles from Manila and has always been considered a favorable place for patients to recuperate when debilitated from a prolonged tropical sojourn or convalescent from diseases incidental to residence in the Philippines.

In Hawaii there were 2 cases with 1 death from May 15 to June 24 at Hilo, 1 case with 1 death on June 20 at Waipahu, 1 death March 2, at Aiea, 1 death June 30 at Olaa, near Hilo, and 2 cases with 2 deaths at Honolulu from June 25 to July 6.

GENERAL SANITARY INFORMATION.

Classification of mosquitoes.—Incidentally to a description of East Indian malaria-conveying mosquitoes, the question of the classification

of these insects is considered in a Monograph of the Anopheles mosquitoes of India, by S. P. James and W. Glen Liston, of the Indian medical service. Certain objections are advanced against Theobald's division of the former genus *Anopheles* into other genera, the distinction being based on peculiarities of the scales of the wings and body, and the statement is made that an elaborate classification of the family *Culicidæ* is not necessary for medical purposes.

Tuberculosis notification in Denmark and Norway.—In Denmark tubercular diseases of the lungs and larynx have recently been included in the list of contagious maladies, the notification of which by the medical attendant is obligatory according to law. About four years ago Norway adopted the same regulation.

Sanitary problems in the Canal Zone.—Discussing sanitation and the Panama Canal in the London *Lancet* for June 10, John George Leigh says that irrespectively of endemic diseases and the abominable sanitary conditions which have heretofore obtained the isthmian climate has physiological effects demanding unceasing vigilance on the part of those subjected to it.

The most noteworthy characteristic of the climate is the remarkable uniformity of temperature throughout the year. The only foreigners, says the writer, who have been able to withstand the climate with any measure of success have been people of Iberian extraction, inured from their birth to a tropical environment, Caribbean negroes employed by the French canal companies who have remained on the Isthmus, and a few Chinamen who have become permanent residents. The blood of these three peoples is now so mixed together and mingled with aboriginal Indian blood that many of the natives present a strange combination of the physical characteristics of the four races.

It is remarked that nowhere in the world is the affinity between marshy districts and certain diseases more marked than in the Isthmus of Panama, and attention is directed to the fact, demonstrated by experience gained in the construction of the Panama Railroad and work already done toward the digging of the canal, that the morbid effects are increased by surface disturbance of the soil, but that on the other hand the unhealthful effects of the work are considerably lessened when the superficial layers of the ground are cleared away and work begun on deeper strata of earth.

It is stated, on authority of a physician resident in Panama, that during the first eleven months of preliminary work on the canal under French auspices, when the force was not large (exact number of employees not recorded), 65 Europeans and 800 laborers died from disease. It is also recorded that later the French company, with a force of 7,000 men, always calculated on having 1,000 men in hospital; that in March and April, 1882, in Panama and the vicinity, 37 out of less than 100 engineers died; that there was not a single French engineer

who was able to attend to the work beyond one year and a half, although the contract called for two, and that in September, 1884, the company buried 654 officers and men.

A table of the official health statistics of the Panama Canal under French control, years 1881 to 1891, inclusive, is published under the heading Panama, in the present number of the Public Health Reports. The table gives the average effective force employed each year, and the percentage of disease and death under the De Lesseps Company (1881-1888), during the liquidation period (1889-1894), and under the later French Canal Company.

Telephones and tuberculosis.—As a result of the examination of telephone mouthpieces, conducted under the auspices of the medical officer of health of the city of London, England, a bacteriological report has been submitted, stating that no evidence was found of the contamination of the mouthpieces with either tubercle or diphtheria bacilli, though attention was called to the bad ventilation of telephone booths.

UNITED STATES.

[Reports to the Surgeon-General Public Health and Marine-Hospital Service.]

*Investigation of suspected smallpox in Preston and Monongalia counties,
W. Va.*

Passed Assistant Surgeon Goldberger reports, June 29, as follows:

Pursuant to Bureau orders of June 24 directing me to proceed to Grafton, W. Va., for the purpose of conferring with the health authorities in regard to the diagnosis of a disease suspected of being smallpox, I have to report as follows: I was met at Grafton by Doctors Barbee and Warden, of the State board of health, and with them visited Tunnelton, Preston County, and Morgantown, Monongalia County, and in both localities saw several cases of an eruptive disease which was obviously smallpox. In the latter locality a question had been raised as to the diagnosis, one physician, recently nominated as county health officer, believing it to be *impetigo contagiosa*.

From the patient in whose case the question as to the diagnosis had been raised I elicited the following history: She was taken sick two weeks after a near neighbor, whom she was in the habit of visiting, was taken with fever and an eruption. Her sickness began with headache, dizziness, fever, and pain in the back, so that she took to her bed, but at the end of three days began to feel better, and noticed an eruption on her face and hands. For a day or two after this she was able to be out of bed, but then began to feel sick again, and could not stand on account of the pain in the eruption on her feet. She had never been vaccinated. At the date of my visit, about four weeks after the onset of her illness, she was up and about, feeling perfectly well, but showing on her face an abundance of red scars, which left no room for doubt that she was convalescing from variola. Doctor Barbee urged upon the county court that energetic steps be taken at once to suppress the disease.